

nostic work-up of NSCLC patients' leads to a reduction of invasive procedures, resulting in cost savings of \$669 per patient.

#### PCN18

### THE COST OF GEMCITABINE/CISPLATIN COMPARED WITH FOUR OTHER NOVEL CHEMOTHERAPEUTIC AGENTS IN POLAND

Tilden DP<sup>1</sup>, Stynes G<sup>1</sup>, Aristides M<sup>1</sup>, Lis J<sup>2</sup>

<sup>1</sup>Medical Technology Assessment Group, Hammersmith, United Kingdom; <sup>2</sup>Eli Lilly Polska, Warsaw, Poland

**OBJECTIVES:** This study estimates the total health care costs of five chemotherapeutic agents used to treat non-small cell lung cancer (NSCLC) in Poland. This information can be used to determine the most cost-efficient treatment option for health care providers in Poland. **METHODS:** Two economic evaluations comparing gemcitabine/cisplatin (Gem/Cis) with four other novel regimens were conducted using evidence from relevant randomised controlled trials. The economic evaluation based on the trial by Comella et al. (2000) compares Gem/Cis with vinorelbine/cisplatin (Vin/Cis), while the economic evaluation based on the trial by Schiller et al. (2002) compares Gem/Cis with paclitaxel/cisplatin (Pac/Cis), paclitaxel/carboplatin (Pac/Car), and docetaxel/cisplatin (Doc/Cis). **RESULTS:** The economic evaluation based on the Comella et al. trial indicates that the Gem/Cis combination is virtually cost neutral compared to the Vin/Cis combination, costing an average of PLN 110 (€25) more per patient. The higher acquisition costs of gemcitabine compared to vinorelbine were offset by lower drug administration costs and lower rates of hospitalisation for Gem/Cis patients. The economic evaluation based on the Schiller et al. (2002) trial showed that patients treated with Gem/Cis incurred higher total treatment costs than those treated with Pac/Cis, by an average of PLN 2880 (€652) per patient. However, patients treated with Gem/Cis incurred significantly lower total treatment costs than those treated with Pac/Car and Doc/Cis. The average cost savings associated with Gem/Cis were PLN 1829 (€414) per patient and PLN 3921 (€888) per patient, respectively. **CONCLUSIONS:** In Poland, Gem/Cis is the most advantageous treatment alternative based on cost-minimisation for two out of the four comparators (Pac/Car and Doc/Cis). Using a cost-effectiveness analysis, Gem/Cis is considered cost-effective against the other two comparators (Vin/Cis and Pac/Cis). Overall, a claim for cost-effectiveness of Gem/Cis regimens in the treatment of advanced NSCLC is supported.

#### PCN19

### COST ANALYSIS OF COMPLEXED PROSTATE SPECIFIC ANTIGEN IN THE DIAGNOSIS OF PROSTATE CANCER

Varie H<sup>1</sup>, Annemans L<sup>2</sup>, Oosterlinck W<sup>3</sup>

<sup>1</sup>HEDM, Meise, NA, Belgium; <sup>2</sup>Ghent University, HEDM, Meise, NA, Belgium; <sup>3</sup>Ghent University, Ghent, NA, Belgium

**OBJECTIVES:** Complexed Prostate Specific Antigen (cPSA) testing offers an improved specificity compared to currently applied total PSA (tPSA) in the diagnosis of prostate cancer in patients at risk. Our objective was to assess the cost of cPSA if it would replace tPSA as first diagnostic test, based on medical management and cost data for Belgium. Both tests have the same unit cost. **METHODS:** A medical decision tree simulating a patient's flow and applying a time horizon of one year was developed in MS-Excel. Sensitivity and specificity data were obtained from published directly comparative clinical literature. An expert panel with 19 members (7 urologists and 12 general practitioners) provided input data regarding the further diagnostic work-up in case of a positive PSA test and further therapeutical decisions and medical resource use in relation to the diagnostic outcomes (true and false positives and negatives). Costs of medical resources were obtained from the public health insurance perspective. **RESULTS:** When aiming for a target sensitivity of 90%, a diagnosis starting with cPSA costs €86.65 in total compared to €91.61 for tPSA. In a second analysis, if published manufacturer cut-off values were applied rather than a target sensitivity, total costs were €75.50 and €91.60 respectively. The savings were respectively €4.95 and €16.10 in favour of cPSA per patient. For a yearly cohort of 500,000 men, savings up to €8Mln could be realised. Sensitivity analyses on prevalence of prostate cancer and costs of diagnostic work-up showed that the results were robust (savings range €4.45–€5.46 in first analysis and €13.3–€18.8 in second). **CONCLUSIONS:** cPSA as standard screening test in prostate cancer in patients at risk appears to have a strong saving potential compared to the current use of tPSA. Further research should focus on the psychological impact of less false positive results.

#### CANCER—Quality of Life

#### PCN20

### PEGFILGRASTIM IS PREFERRED TO FILGRASTIM IN CANCER PATIENTS ON MYELOSUPPRESSIVE CHEMOTHERAPY TREATMENT REGIMENS

Viens P<sup>1</sup>, Namer M<sup>2</sup>, Selle F<sup>3</sup>

<sup>1</sup>Institut Paoli Calmettes, Marseille, France; <sup>2</sup>Centre Antoine Lacassagne, Nice, France; <sup>3</sup>Hôpital Tenon, Paris, France

**OBJECTIVE:** To evaluate patient preference and Quality of Life (QoL) with the administration of filgrastim versus pegfilgrastim during myelosuppressive chemotherapy. **METHODS:** Nine centres in France and 2 in Portugal participated. The study was designed as an open-label, cross-over trial with 76 cancer patients receiving 3 to 6 cycles of chemotherapy. Subjects were randomised on a 1:1 ratio to receive either multiple filgrastim injections per cycle or pegfilgrastim as a single, fixed-dose injection once per cycle. In cycle 2, patients received the other study medication. On day 1 of cycle 3, they were asked to complete the Subject Preference Questionnaire to indicate their preference for the remainder of the cycles. Data